

***SOUTH DAKOTA BOARD OF COUNSELOR EXAMINERS APPLICATION FOR
LICENSED MARRIAGE AND FAMILY THERAPIST by ENDORSEMENT
(ARSD 20:71)***

NOTE: Applicant must have a 48-hour Master's Degree in Marriage and Family Therapy and 1,700 hours of post-graduate supervised experience.

Applications must be accompanied by a non-refundable license application fee of \$100. A personal check or money order should be made payable to the South Dakota Board of Counselor Examiners. **A photo** (no larger than 3 x 5) **must be submitted** for identification purposes. *I hereby make application for licensure to practice as a Licensed Marriage and Family Therapist in the State of South Dakota.* (Please type the following.)

SECTION I. GENERAL INFORMATION

1. Name _____
Last First MI
2. Name as you wish it to appear on the license _____
3. Social Security No. _____ Date of Birth _____
4. Home Address _____

5. Business Address _____

6. Home Phone # _____ Business Phone # _____
7. I have/have not (CIRCLE ONE) made a previous application to South Dakota Board of Counselor Examiners. If yes, please state on a separate sheet of paper.
8. I have/have not (CIRCLE ONE) ever been convicted of, pled guilty to, or pled no contest to, an offense that could have resulted in incarceration for more than a year. If yes, please explain on a separate sheet of paper.
9. I have/have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota? If yes, please explain on a separate sheet of paper.
10. I have/have not (CIRCLE ONE) been disciplined by a mental health licensing or certification board or by any mental health related professional organization? If yes, please explain on a separate sheet of paper.
11. I am/am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

SECTION II. GENERAL REQUIREMENTS

STATE BOARD VERIFICATION FORM must be completed by the state board which issued your active marriage and family therapist license, and be returned to the South Dakota board office.

The AAMFT examination for Marital and Family Therapy is the required examination for the LMFT. If you have not taken this exam, contact the Board office for the Exam procedures. A fee for the Exam Service will be required.

(continued, over)

SECTION III. SUPERVISED EXPERIENCE (ARSD 20:71:04)

ATTACHMENT A – SUPERVISED EXPERIENCE The applicant must have post-graduate supervised experience in marriage and family therapy consisting of 200 hours of supervision concurrent with 1,700 hours direct client contact with individuals, couples and families completed within three years. **Complete Attachment A, and forward it to the supervisor(s) who supervised you for their verification.**

SECTION IV. EDUCATIONAL DEGREE

ATTACHMENT B – COURSEWORK A 48-hour Master's Degree in marriage and family therapy is required and the specified Areas for Study must be satisfied. Please enclose a copy of your official transcripts.

SECTION V. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Counselor Examiners for there verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Marriage and Family Therapist until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

STATE OF _____)
:SS
COUNTY OF _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Dated this _____ day of _____, 200_____.

Signature of Applicant

Sworn to before me this _____ day of _____, 200__.

NOTARY PUBLIC

My Commission expires:

(SEAL)

SOUTH DAKOTA LICENSED MARRIAGE AND FAMILY THERAPIST by ENDORSEMENT

STATE BOARD VERIFICATION FORM
(Applicant, please send this form to your State Licensing Office)

ATTENTION: By providing us this necessary information we can make a determination whether to grant this Applicant a license. We thank you in advance for your time and consideration.

I, SECRETARY OF THE _____ LICENSING BOARD, CERTIFY THAT
_____ WAS GRANTED LICENSE # _____ FROM THE
(APPLICANT NAME)
_____ STATE BOARD ON _____, (yr) _____.
AND EXPIRES ON _____, 20 _____.

I CERTIFY THIS APPLICANT RECEIVED A 48-HR MASTER'S DEGREE IN MARRIAGE & FAMILY THERAPY:
yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY ENDORSEMENT: yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY GRANDFATHERING: yes / no

I CERTIFY THIS APPLICANT **COMPLETED POST-GRADUATE SUPERVISED EXPERIENCE IN MARRIAGE AND FAMILY THERAPY CONSISTING OF 200 HOURS OF SUPERVISION CONCURRENT WITH 1,700 HOURS OF DIRECT CLIENT WITH INDIVIDUALS, COUPLES AND FAMILIES:** yes / no IF NO, PLEASE EXPLAIN

I CERTIFY THIS APPLICANT PASSED THE AAMFT MARRIAGE & FAMILY THERAPY EXAM: yes / no

DATE EXAM PASSED _____

(BOARD SEAL)

Licensing Board's Executive Secretary Signature

Date

Please return this completed form to: SD Board of Counselor Examiners, PO Box 1822, Sioux Falls, SD 57101-1822.

**ATTACHMENT A - SUPERVISED EXPERIENCE
LICENSED MARRIAGE AND FAMILY THERAPIST**

APPLICANT'S NAME: _____
Last First MI

The individual listed above is applying for a license to practice counseling in the State of South Dakota. The South Dakota Board of Counselor Examiners (Licensing Board) requires submission of information by the supervisor(s) which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

To be Completed by Applicant (Please type):

1. Name of Supervisor: _____
2. Address of Supervisor: _____
3. Name and nature of setting in which supervised practice took place: _____

4. Dates of supervision by this applicant and named supervisor at this setting: START _____
END _____
5. Total number of direct client contact hours during period listed in question 4. _____
6. Total number of face-to-face supervisory hours during period listed in question 4. _____
7. Please describe the nature of the applicant's duties: _____

8. Please describe the nature of the supervision provided: _____

To be completed by Supervisor (Please type or print legibly in ink):

9. I have reviewed the applicant's statements. They are ____ are not ____ substantially correct. Please add any corrections on a separate sheet of paper.
10. The quality of the applicant's performance during the supervision was
____ Outstanding ____ Good ____ Fair ____ Poor
11. Title at time of supervision _____
12. Licensing State _____ Supervisor's Signature _____
13. LMFT License No. _____ Issue Date _____

Please return completed form to: SD Board of Counselor Examiners, PO Box 1822, Sioux Falls, SD 57101-1822

ATTACHMENT B for LICENSED MARRIAGE AND FAMILY THERAPIST

To be eligible for licensure through the Board of Counselor Examiners, an applicant must have:

_____ A 48 hour Master's degree in Marriage and Family Therapy from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education, or a program with specialty training in marriage and family counseling or therapy which is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) as listed in "Directory of Accredited Programs", July, 1991;

OR

A 48 hour Master's degree in counseling or related program which includes course work in the following areas:

COURSE*

AREA OF STUDY

MARRIAGE AND FAMILY STUDIES (9 SEMESTER CREDIT MINIMUM)

_____ Introductory systems theory, family development, family systems (marital, sibling, individual subsystems), special family issues, gender and cultural issues, all with major focus from a systems theory orientation

MARRIAGE AND FAMILY THERAPY (9 SEMESTER CREDIT MINIMUM)

_____ Advanced systems theory and interventions, major systemic marriage and family treatment approaches, (structural, strategic, neoanalytic (object relations), behavioral marriage and family therapy, communications, sex therapy, etc.

HUMAN DEVELOPMENT (9 SEMESTER CREDIT MINIMUM)

_____ At least one course in psychopathology-abnormal behavior is required and at least one course in assessment is required. The third course may be selected from human development (normal and abnormal), personality theory, or human sexuality.

PROFESSIONAL STUDIES (3 SEMESTER CREDIT MINIMUM)

_____ Professional ethics as a therapist including legal and ethical responsibilities and liabilities, family law, etc.

RESEARCH (3 SEMESTER CREDIT MINIMUM)

_____ Research course in marriage and family studies and therapy including research design, methodology, statistics.

PRACTICUM (SUPERVISED CLINICAL PRACTICE)

_____ 1 year minimum during graduate work (cf. SDCL 36-33-9(3)(f))

*From your transcript, please write in the blanks provided, which course(s) meet these requirements.

Return with Application to: SD Board of Counselor Examiners PO Box 1822 Sioux Falls, SD 57101-1822